

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 743186	RECEIPT DATE:	01 / 04 / 01
IA NUMBER:	PCT/ DE99 / 01978	IA FILING DATE:	07 / 01 / 99
FAMILY NAME:	LENZ	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	HENNING	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	07 / 06 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	P00,1938	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX

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STATE/COUNTRY: IL ZIP: 606066473

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APPLICATION TITLES:

METHOD AND ARRANGEMENT FOR DETERMINING A REGULATING VARIABLE OF A TECHNICAL SYSTEM THAT IS DESCRIBED WITH A PREDETERMINED MODEL DESCRIPTION IN A PREDETERMINED SPACE

TAB TO LAST POSITION,PUSH SEND



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CONFIRMATION NO. 7060

Bib Data Sheet

SERIAL NUMBER 09/743,186	FILING DATE 01/04/2001 RULE	CLASS 703	GROUP ART UNIT 2123	ATTORNEY DOCKET NO. P00,1938	
APPLICANTS Henning Lenz, Munchen, GERMANY; Rudolf Sollacher, Eching, GERMANY;					
** CONTINUING DATA ***** This application is a 371 of PCT/DE99/01978 07/01/1999					
** FOREIGN APPLICATIONS ***** GERMANY 198 30 156.1 07/06/1998					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/13/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY GERMANY	SHEETS DRAWING 2	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 2
ADDRESS 21171					
TITLE Method and device for determining a controlled variable of a technical system described by a predetermined model description in a predetermined area					
FILING FEE RECEIVED 1004	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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Verified and Acknowledged <i>KLM</i> Examiner's Signature Initials		INDEPENDENT CLAIMS 2		
ADDRESS Schiff Hardin & Waite 6600 Sears Tower Chicago, IL 60606-6473				
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FILING FEE RECEIVED 1004	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	